FORM D

UNITED STATES JRITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FEB 1 9 2009

FORM D

90736

NOTICE OF SALE OF SECURITIES Washington. **RSUANT TO REGULATION D,** SECTION 4(6), AND/OR LINICODM LIMITED OFFERING EYEMPTION

| OMB APPROVAL | | | | | | |
|----------------------------|------|-----------|--|--|--|--|
| OMB Num | ber: | 3235-0076 | | | | |
| Expires February 28, 2009 | | | | | | |
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Estimated average burden 16.00 hours per response:

SEC USE ONLY

DATE RECEIVED

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Serial

Prefix

| ONIFORM | MITED OFFERING EXCIMIT HON | |
|--|--|--|
| Name of Offering (check if this is an amendment a Non-US Equity Managers: Portfolio 3 LLC: Limi Filing Under (Check box(es) that apply): Rule | ted Liability Company Units | □ Section 4(6) □ ULOE |
| Type of Filing: ☐ New Filing ☐ Amendment | | |
| A | . BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | - | |
| Name of Issuer (check if this is an amendment a | nd name has changed, and indicate change.) | |
| Non-US Equity Managers: Portfolio 3 LLC | | |
| | er and Street, City, State Zip Code) 0004 | Telephone Number (including Area Code) (212) 902-1000 |
| | iber and Street, City, State and Zip Code) | Telepho (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIIII) |
| Brief Description of Business To operate as a private investment fund. | MAR 2 2009 | ©S 09003972 _ |
| | limited partnership, already formed limited partnership, to be formed | other (please specify): Limited Liability Company |
| Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: (| Month Year ation: 0 4 0 7 Enter two-letter U.S. Postal Service abbrevia | ☑ Actual ☐ Estimated |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

State: CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC,

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

| Each executive officer and director of corporate issuers and of corporate general and managing partners | of par | rtnership issuers; and |
|---|--------|--|
| * Each general and managing partner of partnership issuers. | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director | Ø | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| One New York Plaza, New York, New York 10004 | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member | | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Barbetta, Jennifer | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| One New York Plaza, New York, New York 10004 | | · · · - · · · · · · · · · · · · · · · · |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member | | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Clark, Kent | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| One New York Plaza, New York, New York 10004 | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member | | General and/or Managing Partner |
| | | |
| Full Name (Last name first, if individual) Gottlieb, Jason | | |
| | , | |
| Gottlieb, Jason | | |
| Gottlieb, Jason Business or Residence Address (Number and Street, City, State, Zip Code) | | General and/or Managing Partner |
| Gottlieb, Jason Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 | | General and/or |
| Gottlieb, Jason Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | | General and/or |
| Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: | | General and/or |
| Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) | | General and/or Managing Partner |
| Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | | General and/or Managing Partner |
| Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Full Name (Last name first, if individual) | | General and/or Managing Partner |
| Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) | | General and/or Managing Partner General and/or Managing Partner General and/or |

| | | | | B. IN | FORMAT | TON ABO | OUT OFF | ERING | | | | |
|--|------------------------------|-----------------|--------------------|----------------|---------------------------------------|---|----------------|---|---|--------------|---------------|---------------|
| | | | | | | | | | | | Yes | No |
| 1. Has the | e issuer sol | d, or does th | | | | edited inves | | | | | | Ø |
| | | | A | Answer also | in Append | ix, Column | 2, if filing | under ULO | €. | | | |
| 2. What i | is the minin | num investn | ent that wil | ll be accept | ed from any | individual? | ? | | | | \$ | * |
| | • | ger may in | its sole disc | retion acce | ept subscrip | otion amoui | nts in what | ever amour | it it determ | ines is | Yes | No |
| acceptable. 3. Does the offering permit joint ownership of a single unit? | | | | | | | | 7 | | | | |
| | | | | | | n or will b | | | | | | |
| | | | | | | ers in conne | | | | | | |
| | | | | | | cer or dealer e (5) person | | | | | | |
| | | | | | | oker or deal | | u are associ | iateu person | is of such | | |
| Full Name | : (Last name | e first, if ind | lividual) | | | | | | | | | |
| Coldman | Sache & C | `o.* | | | | | | | | | | |
| Goiuman, | , Sachs & C | .U. ·` | | | | | | | | | | |
| - | | | sold throu | gh Goldma | ın, Sachs & | Co., no co | mmissions | will be paic | l, directly o | r indirectly | , for solicit | ling any |
| | r in any jur or Residence | | Number and | Street, Cit | y, State, Zip | Code) | | | <u></u> | | | - |
| | | | | | ., . | , | | | | | | |
| | Street, Nev Associated E | | w York 10 caler | 004 | | | | | | | | |
| | | | | | | | | | - · · · · · · · · · · · · · · · · · · · | | | |
| | | | s Solicited | | | | | | | | √ A | ll States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | (HI) | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [GN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | (Last name | first, if ind | ividual) | | | | | | | | | |
| | | | | | | | | | | | | |
| Business o | r Residence | Address (1 | Number and | Street, City | y, State, Zip | Code) | | | | | | |
| | | | | | | | | | | | | _ |
| Name of A | ssociated E | roker or De | ealer | | | | | | | | | |
| States in V | Vhich Perso | n Listed Ha | s Solicited | or Intends t | o Solicit Pu | rchasers | | | | | | - |
| | | | | | | | | •••••• | • | | 🗆 Al | l States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| r un r unic | (Last hame | insi, ii ma | 1110001) | | | | | | | | | |
| Business o | r Residence | Address (N | Number and | Street City | v State Zin | Code) | | | | | | . |
| 240000 0 | | | Turnour and | D. 1001, (211) | ,, o, 2.p | 2000) | | | | | | |
| Name of A | ssociated B | roker or De | aler | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| - | | | | | | | | | | | | |
| | | | s Solicited | | | | | | | | | |
| | All States" o | | ividual Stat | • | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | *************************************** | | ••••• | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] [RI] | (NÉ) (SC) | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | (OK) [WI] | [OR] [WY] | [PA] [PR] |
| [121] | [20] | [מט] | [111] | [IA] | [OI] | [1 1] | [x \rangle 1] | [AA NY] | L ** Y J | [AA 1] | [1 7 1] | fr.r.] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | | |
|----------|--|-----|-----------------------------|----|---|--------------------------------------|
| | Type of Security | | Aggregate Offering Price | | 4 | Amount Already Sold |
| | Debt | \$_ | 0 | \$ | | 0 |
| | Equity | \$ | 0 | \$ | | 0 |
| | ☐ Common ☐ Preferred | | | | | ` |
| | Convertible Securities (including warrants) | \$_ | 0 | \$ | | 0 |
| | Partnership Interests | _ | | \$ | | 0 |
| | Other (Specify): Limited Liability Company Units | \$ | 260,552,381 | \$ | _ | 260,552,381 |
| | Total | _ | | \$ | _ | 260,552,381 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | - | , , | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | | |
| | | | Number Investors | | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | _ | 423 | \$ | _ | 260,552,381 |
| | Non-accredited Investors | | 0 | \$ | _ | 0 |
| | Total (for filings under Rule 504 only) | _ | N/A | \$ | | N/A |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | _ | | | • |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | | | | |
| | Type of offering | | Type of Security | | | Dollar Amount Sold |
| | Rule 505 | | N/A | \$ | | N/A |
| | Regulation A | _ | N/A | \$ | | |
| | Rule 504 | _ | N/A | \$ | | N/A |
| | Total | _ | N/A | \$ | _ | |
| | 10td1 | _ | IVA | Þ | | N/A |
| tl tl | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | |
| | Transfer Agent's Fees | | | \$ | | 0 |
| | Printing and Engraving Costs | | | \$ | | 0 |
| | Legal Fees | | Ø | \$ | | 156,088 |
| | Accounting Fees | | | \$ | | 0 |
| | Engineering Fees | | | \$ | _ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | \$ | | 0 |
| | Other Expenses (identify) | | | \$ | | 0 |
| | Total | | ☑ | \$ | | 156,088 |
| | | | | | _ | |

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EX | PENS | ES | AND USE OF F | PROCE | EDS | |
|----|--|---|------------------|------------|--|--------------|------------|-------------------------------------|
| | b. Enter the difference between the aggregate of - Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to the is | esponse to Part C - Question 4. | a. Thi | is | | \$_ | | 260,396,293 |
| 5. | Indicate below the amount of the adjusted gross to be used for each of the purposes shown. If the furnish an estimate and check the box to the payments listed must equal the adjusted gross proto Part C - Question 4.b. above. | le amount for any purpose is not left of the estimate. The tota | knows I of th | n, ne | | | | |
| | | | | | Payments to Officers, Directors, & Affiliates | | | Payments To Others |
| | Salaries and Fees | | . 🗆 | \$_ | 0 | _ 🗆 | \$_ | 0 |
| | Purchase of real estate | | . 🗆 | \$_ | 0 | | \$_ | 0 |
| | Purchase, rental or leasing and installation of mac | chinery and equipment | . 🗆 | \$_ | 0 | _ 🗆 | \$_ | 0 |
| | Construction or leasing of plant buildings and fac- | cilities | . 🗆 | \$_ | 0 | | \$_ | 0 |
| | Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger) | or the assets or securities of | | \$ | 0 | | \$ | 0 |
| | Repayment of indebtedness | | | \$ - \$ | 0 | | \$ | 0 |
| | Working capital | | | \$ - \$ | 0 | | * - \$ | 0 |
| | Other (Specify): Limited Liability Company Un | | | * - \$ | 0 | - □ ☑ | \$ - \$ | 260,396,293 |
| | Column Totals | | | \$ - \$ | 0 | - 2 | \$ - \$ | 260,396,293 |
| | | | | • | | - | ~~ | |
| | Total Payments Listed (column totals added) | | ******** | | ☑ \$ | 260,3 | 96,29 | 23 |
| | | D. FEDERAL SIGNATU | RE | | | | | |
| fo | ne issuer has duly caused this notice to be signed Howing signature constitutes an undertaking by the its staff, the information furnished by the issuer to | he issuer to furnish to the U.S. S | Securiti | ies an | d Exchange Com | mission, | upon | er Rule 505, the written request |
| | er (Print or Type) US Equity Managers: Portfolio 3 LLC | Signature | , | | Date February <u>/2</u> 20 | 09 | | |
| | ne of Signer (Print or Type) oline Kraus | Title of Signer (Print or Type) Assistant Secretary of the Iss | uer's | Mani | iging Member | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

